

**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, \_\_\_\_\_**

**Foreign/Alien Life and Health Insurers**

**Must be attached to the tax return:**

- NE Direct Business Page of the \_\_\_\_ Annual Statement
- Schedule T of the \_\_\_\_ Annual Statement
- Check made payable to Nebraska Dept. of Insurance

**Mail tax return and check to:**

Nebraska Department of Insurance  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3639

**COMPANY INFORMATION**

Nebraska Co. I.D. No.

Contact Person

NAIC No.

E-Mail Address

Federal Tax I.D. No.

Telephone

Company Name

Street Address

City

State

Zip Code

Organized Under the Laws of

**SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss

I, \_\_\_\_\_, being duly sworn on oath say that I am \_\_\_\_\_  
of the \_\_\_\_\_ Insurance Company of the State of \_\_\_\_\_  
and that the tax statement is correctly computed in accordance with the foregoing instructions.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

## SECTION II - PREMIUM TAX

### GROUP ACCIDENT AND HEALTH PREMIUMS

		(2) NEBRASKA BASIS	(3) STATE OF DOMICILE BASIS	(4) GREATER OF COLUMN 2 OR 3
1.	Gross direct premiums received on Nebraska business	.00	.00	
2.	Credit (group) premiums received on Nebraska business	.00	.00	
3.	Dividends paid or credited to policyholders	.00	.00	
4.	Other deductions applicable to state of domicile (Itemize on a separate schedule. Do not include tax deductions applicable under Line 27A and 27B)	.00	.00	
5.	Net taxable premiums (Line 1 plus Line 2 minus Line 3 and Line 4)	.00	.00	
6.	Tax rate applicable			
7.	<b>Tax (Multiply Line 5 by Line 6)</b>	.00	.00	.00

### CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS

		(2) NEBRASKA BASIS	(3) STATE OF DOMICILE BASIS	(4) GREATER OF COLUMN 2 OR 3
8.	Gross direct premiums received on Nebraska business	.00	.00	
9.	Dividends paid or credited to policyholders	.00	.00	
10.	Other deductions applicable to state of domicile (Itemize on a separate schedule. Do not include tax deductions applicable under Line 27A and 27B)	.00	.00	
11.	Net taxable premiums (Line 8 minus Line 9 and Line 10)	.00	.00	
12.	Tax rate applicable			
13.	<b>Tax (Multiply Line 11 by Line 12)</b>	.00	.00	.00

ALL OTHER PREMIUMS					
		(2) NEBRASKA BASIS	(3) STATE OF DOMICILE BASIS	(4) GREATER OF COLUMN 2 OR 3	
14.	Gross direct premiums received on Nebraska business (Annuities not taxed)	.00	.00		
15.	Premiums included in Line 14 for pension, profit-sharing, individually sponsored retirement plans, and other pension plan contracts described in Section 818(a) of the Internal Revenue Code of 1986 as amended. Do not deduct dividends on these plans.	.00	.00		
16.	Dividends paid or credited to policyholders	.00	.00		
17.	Other deductions applicable to state of domicile (Itemize on a separate schedule. Do not include tax deductions applicable under Line 27A and 27B)	.00	.00		
18.	Net taxable premiums (Line 14 minus Line 15, Line 16 and Line 17)	.00	.00		
19.	Tax rate applicable				
20.	Tax (Multiply Line 18 by Line 19)	.00	.00	.00	
21.	Premium tax (Line 7 plus Line 13 and Line 20, Column 4)			.00	
22.	*Franchise tax (Attach calculation on separate sheet)		.00	.00	
23.	Other tax (Include calculations on a separate schedule)	.00	.00	.00	
24.		.00	.00	.00	
25.		.00	.00	.00	
26.	Total premium tax (Sum of Lines 21 through 25, Column 4)				.00
27.	Tax deductions: (See Instructions)				.00
	A. Guaranty fund assessments				.00
	B. Community development				.00
28.	Total tax deductions (Sum of Lines 27A and 27B)				.00
29.	<b>NET PREMIUM TAX (LINE 26, COLUMN 4 MINUS LINE 28, COLUMN 4. IF LESS THAN ZERO, ENTER ZERO)</b>				.00

**SECTION III - FEES**

		(2) NEBRASKA BASIS	(3) STATE OF DOMICILE BASIS	(4) GREATER OF COLUMN 2 OR 3
30.	Renewal of Certificate of Authority	.00	.00	.00
31.	Filing Annual Statement	.00	.00	.00
32.	Insurance Fraud Fee	.00	.00	.00
33.	Other fees (Itemize)	.00	.00	.00
34.		.00	.00	.00
35.	Total fees (Sum of Lines 30 through Line 34, Column 4)	.00		

**SECTION IV – SUMMARY OF TAXES AND FEES**

36.	Premium tax (Line 29)	.00
37.	Fees (Line 35)	.00
38.	Total taxes and fees (Line 36 plus Line 37)	.00
39.	Prepayments (April 15, June 15, September 15; payments and applied credits)	.00
40.	Unapplied credit balance	.00
41.	Total prepayments and unapplied credits (Line 39 plus Line 40)	.00
42.	Balance due (If Line 38 is greater than Line 41, enter amount. Enclose payment of this amount)	.00
43.	Overpayment (If Line 41 is greater than Line 38, enter amount here)	.00
44.	Amount to be refunded	.00
45.	Amount to be credited to _____ prepayment	.00

CHECKLIST		
	YES	NO
Copy of Schedule T of _____ Annual Statement Attached?		
Copy of the Nebraska Direct Business Page of the _____ Annual Statement Attached?		
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		